**TVCC Video Conference**

Request to Schedule Event

**Instructions**: *Please fill in all appropriate blanks and check boxes and email to* [helpdesk@tvcc.edu](mailto:helpdesk@tvcc.edu?subject=video%20conference%20request). If you have any questions please email or call the IT Services Help Desk at **(903) 675-6300*.*** *Items in* **bold** *must be completed. Site contact information is particularly important, as it is the information we will use in the unlikely event of a technical problem.*

# THIS SECTION CONTAINS THE COORDINATORS or INSTRUCTORS SITE INFORMATION

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My Institution | Trinity Valley Community College | | | Department |  | | | | |
| Event DatesMulti-Dates conferences must complete page 2 | Date |  | Time | Day(s) of Week Class Meets: | M | T | W | T | F |
|  | From: |  | From:        a.m.  p.m. |  |  |  |  |  |  |
|  |  |  |  |  |  | | | | |
|  | To: |  | To:        a.m.  p.m. | Room Phone | (       )     - | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Event Title or Class Name and Number** | |  | | | | | | |
| **Event or Class Description  Special Needs** | |  | | | | | | |
| **Coordinator Site Location** | | **Site Name** | | **Building Name** | | **Room Number** | | **Room Phone** |
|  | |  | |  | |  |
| **Event  Requestor** | **Name:** | | **Phone:** | | Cell/Pager: | | **Email:** | |
|  | |  | |  | |  | |
| **Instructor/Technical Coordinator** | **Name:** | | **Phone:** | | Cell/Pager: | | **Email:** | |
|  | |  | |  | |  | |
| ***THIS SECTION CONTAINS REMOTE SITE INFORMATION*** | | | | | | | | |
|  | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Site #1 Information | Site Name: *Example: Edgewood ISD, A-VC1* | Bldg Name*Example*: *Administration* | Room Number: ***Exampl****e*: *A123* | Room Phone: ***Exampl****e*: *903-451-2434* | |  |  |  |  |  | | Technical Coordinator | Name: | Phone: | Cell/Pager: | Email: | |  |  |  |  |  | | Site #2 Information | Site Name: | Bldg Name | Room Number: | Room Phone: | |  |  |  |  |  | | Technical Coordinator | Name: | Phone: | Cell/Pager: | Email: | |  |  |  |  |  | | Site #3 Information | Site Name: | Bldg Name | Room Number: | Room Phone: | |  |  |  |  |  | | Technical Coordinator | Name: | Phone: | Cell/Pager: | Email: | |  |  |  |  |  | | Site #4 Information | Site Name: | Bldg Name | Room Number: | Room Phone: | |  |  |  |  |  | | Technical Coordinator | Name: | Phone: | Cell/Pager: | Email: | |  |  |  |  |  | |  |  |  |  |  |   ***Note: All multi-date conferences (instructional classes) request must complete page 2.*** | | | | | | | | |

**Scheduled:  Netnet:  MCU:  TDJC:  Semester: Year: Port:**

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*Email form to:* [helpdesk@tvcc.edu](mailto:helpdesk@tvcc.edu) *For Questions:* **(903) 675-6300**

**Instructions**: This form must accompany page1 for all multi-date conferences (instructional classes) request.

|  |  |  |  |
| --- | --- | --- | --- |
| **Class Dates and Times** | | | |
| **Date** | **Day of Week** | **Start Time** If different than the time listed in the main area above | **Ending Time**  If different than the time listed in the main area above |
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